

Request for Proposals for Utah Arthritis Program Funding

Community based organizations are eligible to apply for mini-grant funding (August 2008 through June 2009), up to the amount of \$10,000.

Guidelines for Proposal Submittal

Proposal due date

Mini-grant grant proposals need to be completed and sent to the Utah Arthritis Program (UAP) by **July 3, 2008**. Late, handwritten, and faxed proposals will NOT be considered.

Proposals may be submitted by email, regular mail or hand delivered. The UAP will notify applicants regarding their proposal status after a review of all proposals. UAP may negotiate a modification of proposals and award funds only after such a modification has been agreed upon. Note the tentative mini-grant timeline at the end of the RFP for dates and deadlines. Funding to organizations is dependent upon grant funds from CDC.

Email proposal to:

nicolebissonette@utah.gov

subject line: Mini-grant

Mail proposal to:

Utah Arthritis Program
c/o Nicole Bissonette, MPH
Arthritis Program Manager
PO Box 142107
Salt Lake City, Utah 84114-2107

Hand deliver to:

Utah Arthritis Program
c/o Nicole Bissonette, MPH
Martha Hughes Cannon Building
288 North 1460 West
Salt Lake City, UT 84116
Leave with front security desk

(E-mail Nicole Bissonette at nicolebissonette@utah.gov for an electronic copy of the application.)

Pre Application Technical Call

Thursday, June 12, 2008- 10-11am

Call in number 801-521-5399 or 1-800-350-0593

Questions: Questions are welcome and encouraged anytime. Please contact

Nicole Bissonette 801-538-9458, nicolebissonette@utah.gov or

Natalie Smith 801-538-9340, nssmith@utah.gov

Applicant Proposal Development Checklist

- ☐ Review the Evidence Based Programs listed in application and choose one.
 - ☐ Arthritis Foundation Self Help Program (AFSHP)
 - ☐ Arthritis Foundation Exercise Program (AFEP)
 - ☐ Chronic Disease Self Management Program (CDSMP)
 - ☐ Active Living Every Day (ALED)
 - ☐ Enhanced Fitness (EF)
- ☐ Identify target population
- ☐ Commit to partnering with the Utah Department of Health for the duration of the contract
- ☐ Commit to participation in Utah Arthritis Advisory Council (2 meetings per year and emails)
- ☐ Complete work plan and timeline
- ☐ Review and agree to evaluation and reporting
- ☐ Review and complete budget and budget narrative
- ☐ Review Scoring Criteria (see page 11)

Proposal Submission Checklist

The completed application should contain the following:

- ☐ Completed Application w/
 1. Chosen Program
 2. Chosen Target Population
 3. Commitment to attend UAAC meetings (2/year)
 4. Commitment to UDART reporting process.
- ☐ Statement regarding access to chosen population on separate piece of paper
- ☐ Narrative describing implementation
- ☐ Completed Work plan
- ☐ Completed Budget
- ☐ Completed Budget justification
- ☐ Resume for Project Coordinator and key staff (not including volunteer leaders)

Background and Overview of Project

Arthritis affects one of every five Americans (21%) and is the leading cause of disability. The total costs of arthritis in 1997 were \$86.2 billion. Direct costs due to medical expenditures were 51.1 billion, and 35.1 billion were due to indirect costs such as work loss. Costs will increase by the year 2020, when it is estimated that at least 60 million individuals will be affected. Almost one in every four Utah adults 18 and older (23% or 404,309) reported arthritis during 2005.

In Utah arthritis is a leading cause of disability, activity limitation, and poor health. Among adults with doctor-diagnosed arthritis in 2002 and 2003, 36% (131,400) report activity limitation due to their arthritis and 30% (109,500) report their arthritis affected their work for pay. Adults with doctor-diagnosed arthritis were four times more likely to report fair or poor health (24%) when compared to those without arthritis (6%) in 2002 and 2003. Self-management programs, such as physical activity and self-management education, can reduce the pain and disability associated with arthritis, yet less than 15% of people with arthritis reported participating in such programs during 2002 and 2003.

The Department of Health Utah Arthritis Program (UDOH UAP) was funded by the Centers for Disease Control and Prevention in 2000. It was clear when the UDOH submitted the grant proposal to the CDC that community partnerships would be essential to helping us reach our goals. Since the inception of the UAP we have partnered with various agencies including; The Arthritis Foundation Utah/Idaho Chapter, The Orthopedic Specialty Hospital, rheumatologists, physical therapists, health plans, community based organizations and other chronic disease programs.

Purpose of Funding

Our primary goal for the next four years is to increase evidence based program (EBP) dissemination and utilization. Our goal for the next four years is to have 4% (15,000 people) of the Utah population with arthritis participate in an EBP. There are five approved evidence based programs that organizations can use for this funding, those include: Arthritis Foundation Self Help Course, Arthritis Foundation Exercise Program, Chronic Disease Self Management Program, Enhanced Fitness and Active Living Everyday.

Organizations applying for funding should have multiple venues for EBP dissemination. The number of people the organization proposes to reach should be high but realistic. Organizations are encouraged to be creative and utilize existing populations if appropriate.

This funding is available for up to four years (2012). Projects that demonstrate success will be renewed for the next year. Projects will be evaluated monthly through brief progress reports on UDART (our online reporting system). A final evaluation will occur in May of each year and a notification of renewal will occur within 2 weeks of evaluation.

A basic summary of the components to implementation of an EBP include:

- Choosing one of the programs
- Identifying leaders and send leaders to training
- Determining the locations for program
- Marketing the program to participants

Coordinating logistics of the program
Conducting the actual programs
Reporting to the UDOH UAP

Amount of Funding

We will be funding up to ten organizations in amounts of up to \$10,000/year each to develop infrastructure, increase visibility and most importantly increase participation in a EBPs.

Funding Restrictions: Funds can not be used for research.

APPLICATION

Project Coordinator: _____ **Phone number:** _____

Organization: _____ **Email:** _____

Address: _____

Tax Exempt? _____ **ID Number** _____

Name of Project: _____

- I. Evidence Based Programs-** Review the programs below and CHOOSE ONE. There are mandatory leader trainings prior to delivery of programs. Include training fees and appropriate travel in your budget proposal. Additionally, funded states will be required to attend a 4 hour mandatory training in SLC for UDART, the online reporting system. We will be able to conference call participants in if necessary.

- ☐ Arthritis Foundation Self Help Program
<http://www.arthritis.org/events/getinvolved/ProgramsServices/arthritisselfhelp.asp>
Two day mandatory training in SLC: \$75 cost/person
- ☐ Chronic Disease Self Management Program
<http://patienteducation.stanford.edu/programs/cdsmp.html>
Four day mandatory training in SLC
\$~200 cost/person trained (include fee and appropriate travel in your budget proposal)
3 year licensing fee: \$500 for 10 workshops, 800 for 20 workshops/yr, 1000 for 30/year
- ☐ Arthritis Foundation Exercise Program
<http://www.arthritis.org/events/getinvolved/ProgramsServices/afep.asp>
One day mandatory training in SLC
\$75 cost/person (include fee and appropriate travel in your budget proposal)
- ☐ Enhanced Fitness
http://www.projectenhance.org/ind_ef_aboutclass.html
Two Day Mandatory Training in Seattle, WA
Licensing Fees: First year = \$1400/first site, \$500/each additional site.
Following years = \$300/first site, \$100/each additional site
Up to 12 leaders free included in licensing fee
- ☐ Active Living Every Day
<http://www.humankinetics.com/PRODUCTS/SHOWPRODUCT.CFM?ISBN=9780736044332>
Web based facilitator training good for 2 years, 15- 20 hours to complete online training portion at own pace then must attend a scheduled two hour online workshop.
\$349 cost/facilitator. Master trainer, \$300 additional after one year as facilitator

II. Target Population: Please identify the population you intend to offer the Evidence Based Programs to. (Check all that apply)

- ☐ Rural
- ☐ Urban
- ☐ Age Group _____
- ☐ Minority
- ☐ Underserved
- ☐ Ethnic
- ☐ Other _____

1. How have you been successful working with the population(s) marked above? If you have not worked with this population previously, how will you gain access and work with this population?

**** Please respond in 1 page max. [Insert text here or attach on separate page.](#)**

III. Work plan & Timeline

Provide narrative, up to 5 pages, describing how you will implement the program to your chosen population. Include selection of leaders, training, logistics, participant recruitment, marketing plans and evaluation of efforts. In addition, provide a work plan with timeline detailing objectives and activities for the project. Specify the number of leaders you will train, number of locations/venues you will offer programs, the number of programs you will offer and number of participants you will reach. Use the sample template provided on page 8, you may add or delete to the grid as needed.

The funding period runs from August 1, 2008- June 30, 2009 for year one and then July-June for years 2-4.

IV. In-kind support and sustainability

Organizations must provide in-kind of some sort. This can be in the form of staff time, space, supplies etc. Please detail the in-kind you will offer. One paragraph is adequate.

Each organization will be required to submit a sustainability plan to receive year 4 of funding. This is not something you need to do now but please note for the future.

V. Evaluation & Reporting

Each awardee will be required to submit monthly progress reports using UDART, an online based reporting system. Progress can be submitted weekly or monthly at your convenience. A required training on how to use UDART will be provided in August 2008.

Do you agree to this training and reporting process?

____ Yes ____ No

VI. **Utah Arthritis Advisory Council (UAAC)**

All mini-grant recipients are required to participate in the Utah Arthritis Advisory Council. This group is made up of individuals from the UAP, Arthritis Foundation, Rheumatologists, physical therapists, people with arthritis, health organizations, and ethnic communities. They meet twice yearly in the fall and spring with some email and phone correspondence.

Will you be able to attend the meetings in person or on phone and participate via email and phone as needed?

____ Yes

____ No

VII. **Budget**

Budget request may be up to \$10,000/year. List specifically the number and type of items you propose to purchase for your project, including staff time (where applicable). Please include number of hours per week and an hourly rate. Funding cannot cover office equipment (including electronic equipment of any kind). Budget for in-state mileage costs (\$.405/mile). **Please use the budget template provided to develop your budget** (see page 9). You may add or delete to the grid as needed.

VI. **Budget Justification**

Provide a narrative explaining the purpose and rationalization for the items you propose to purchase for your project, including staff time, travel, supplies, educational materials, evaluation and other. Most evaluation will be included under staff time. If you have other areas where evaluation takes place, specify it in the budget and budget justification.

Note: AFSHC, CDSMP and ALED require books for the participants. If you choose to waive this fee to the participants you must cover it from your budget.

Sample <i>(Your Organization name here)</i> - Program Plan & Timeline															
Key Staff (sample) Jane Doe: JD Joe Smith: JS	<u>Activity</u>	<u>Key Staff Responsible</u>	<u>Partners</u>	<u>Time Line</u> <i>Month / Year</i>											
				Aug 08	Sept 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	March 09	April 09	May 09	June 09	
<u>Objective 1</u> Identify EBP Leaders	1. Consult organization contacts	JD			X	X	X								
	2. Confirm leaders					X									
	3.														
<u>Objective 2</u> Leaders attend training	1. Travel to SLC if needed and attend Training	JD					X								
<u>Objective 3</u> Coordinate class logistics	1. Contact organizations with class rooms	JS, JS	Your org, ?												
	2. Work with Arthritis Foundation on materials	JD, JS	AF, your org												
<u>Objective 4</u> Market Courses	1. Create materials, obtain AF materials														
	2. Advertise locally														
<u>Objective 5</u> Conduct Programs															
<u>Objective 6</u> Reporting	1. Attend UDART training 2. submit progress reports														

(Organization Name Here) BUDGET			Total Requested	Total Donated (IN-KIND or MATCH)
I. Personnel				
A. Salaries/Wages position/name: _____ hours per week @ \$ _____/ hr x 43 weeks position/name: _____ hours per week @ \$ _____/ hr x 43 weeks Hours dedicated to evaluation (separate from above): _____ hours total @ \$ _____/hr				
B. Benefits _____ % x _____ (income) = benefits				
C. SUB-TOTAL				
II. Non-Personnel				
A. EBP Leader Training Course _____ Cost of Training _____ Number of leaders trained _____				
B. Travel _____ trip x _____ miles r/t x .405/mile _____ days per diem x \$30 /day x _____ people _____ nights lodging x \$68 /night x _____ people				
C. Supplies (please itemize)				
Item		Cost		
D. Printing & Copying				
E.Incentives				
Incentive	Unit Cost	Number Purchased		
F Course Marketing				
Flyers, print materials, etc				
TOTAL BUDGET				

Budget Justification

Personnel

Salaries and Wages: For **each** staff position include in the budget justification:

- Title of the position
- Number of hours worked per week
- State the duties of all paid personnel involved in the project.
- Include a separate line item for total hours that will be dedicated to evaluation. Evaluation should represent about 10% of the entire budget.

Benefits: For each position, indicate the rate and compute the amount charged for benefits.

Training

Include appropriate leader training fees for the EBP chosen

Travel

Travel should cover any mileage used for this project. Plan for one UDART training in SLC as well as training for EBP. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging (travel must exceed 100 miles to receive per diem/lodging).

Supplies

List any supplies used for the project.

Printing and Copying

Specify the printing and copying that will be done during the project.

Incentives

List any incentives that will be purchased for the project.

In-Kind Match

Indicate any support you or your agency is able to contribute. In-kind support is not included in the final funding amount you are requesting from the UDOH. **However**, it plays an important role in showing agency support for the project.

* Specify evaluation when done in an area other than personnel

Grant Scoring Criteria

- % 15 Target population and demonstrated access to population
- % 05 Commitment to Participate in Advisory Council
- % 40 Workplan/Timeline (Number of venues for programs and proposed number of participants)
- % 30 Commitment to Evaluation and Reporting
- % 05 Inkind
- % 10 Budget/Budget Justification

Mini-Grant Timeline

Application Announcement	June 3, 2008
Pre Application Technical Call	Thursday, June 12, 2008- 10-11am
Application Closing Date	July 3, 2008
Review Grant Applications	July 7-11, 2008
Notification of Award and negotiation	Week of July 14-18, 2008
Develop Special Provisions (Internal UDOH process)	By July 31, 2008
Project Period Year 1	August 1, 2008- June 30, 2009

Review Team

Nicole Bissonette-	UDOH Arthritis Program
Natalie Smith-	UDOH Arthritis Program
Leslie Nelson-	Arthritis Foundation Utah/Idaho Chapter
Karen Coats-	Heart Disease and Stroke Prevention Program

Consultation/Tie breaker

Randy Tanner

Richard Bullough